

## **NOTICE**

This Mortgage Lender/Broker Application for Additional Office is conveniently provided to you in a user-friendly Interactive Format. The application CAN be COMPLETED online but CANNOT be submitted electronically at this time. You <u>must</u> print out the completed form and submit it with all required documentation and information requested in the application and instructions document.

<u>REMINDER</u>: Applicants should read the Initial License and Renewal <u>instructions</u> in their entirety before completing the application.

Should you encounter any problems completing the application form online, please contact us with questions or feedback. We encourage users to contact us by <a href="mailto:email">email</a>, or by contacting the number listed on the application.

Scroll down to begin



## DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING BANKING BUREAU PO Box 96378

OFFICIAL USE ONLY

Washington, D.C. 20090-6378

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: www.disb.dc.gov

## NON-DEPOSITORY MORTGAGE LENDER/BROKER – APPLICATION FOR ADDITIONAL OFFICE

<u>IMPORTANT</u>: This application is available on our website at <u>www.disb.dc.gov</u> in an interactive format. The form <u>CAN be COMPLETED</u> online but <u>CANNOT</u> be submitted electronically at this time. You <u>MUST</u> print out the completed form and follow the initial or renewal license instructions explicitly in the preparation and filing of this application. The <u>Initial and Renewal license instructions are an integral part of the application</u>. With the exception of signatures, all responses <u>must</u> be <u>typed</u> or <u>printed</u> legibly in dark ink. Enter "N/A", "None", or "No" where applicable. If additional space is needed to respond to a question, complete the response on a separate sheet of paper and clearly reference the section and item number

INCOMPLETE, ILLEGIBLE, WHITED OUT OR FAXED APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING. THE APPLICATION WILL BE

	RETU	RNED TO TE	HE APPLICANT TO BE CO	MPLETED AND RE-SUB	MITTED.		
SECT	TION 1 – LICENSE TYPE AND FI	EES: – Selec	et One (1) ONLY and	complete. Make check p	payable to th	e DC Treasur	er.
	TGAGE – Broker License w Broker License - \$1,100		AGE – Lender License ender License - \$1,200	MORTGAGE – Br ☐ New Dual Autho			<b>Authority License</b> )
☐ Re	new Broker License - \$900	Renew	Lender License - \$1,000	Renew Dual Aut	hority licen	se - \$1,200	
SECT	TION 2 –EXISTING LICENSEE B	USINESS IN	NFORMATION				
1.	APPLICANTS MAIN OFFICE I	ICENSE N	UMBER – Not applicable	e if submitted with an Ini	itial License	Application	
	Full <b>Legal Name</b> of APPLICANT:						
	D/B/A, or Assumed name, if any:						
	FEIN or SS Number:						
	Applicant's MAIN office address:						
	City:		State:		Zip:		
	Phone #:		Fax #:		Email Ad	ldress:	
SECT	TION 3 – ADDITIONAL OFFICE	PROFILE					
1.	ADDITIONAL OFFICE LICENS	SE NUMBE	<b>R</b> – Not applicable if sub	mitted with an Initial Lic	ense Applic	cation	
	Full Legal Name of Office to be I	icensed or F	Re-licensed:				
	D/B/A, if applicable:						
	Address of office to be licensed:		1				
	City:		State:		Zip:		
	Phone #: ( ) -		Fax #: ( ) -	1	Email Ad	ldress:	
2.	Certified Registered Agent: Important: A Certified Resident A who is a non-resident of the District of Registered Agent Requirement in the In	Refer to the Certified	Official Books and Records will be kept at the following address:  Is this a Company or Affiliate location? ☐ Yes ☐ No				
	Name & Title:			Name & Title:			
	Street Address:			Street Address:			
		State: DC	Zip Code:	City:		State:	Zip Code:
	Phone #: ( ) -	Fax: (	) -	Phone #: ( ) -		Fax: (	) -
	Email Address:			Email Address:			
	Person authorized to respond to <b>Re</b>	gulatory and	d Compliance issues:	Person authorized to re	espond to C	Consumer Co	mplaints:
	Name and Title:			Name and Title:			
	Street Address:			Street Address:			
	City:	State:	Zip Code:	City:		State:	Zip Code:
	Phone #: ( ) -	Fax: (	) -	Phone #: ( ) -	-	Fax: (	) -
	Email Address:			Email Address:			

L	Name and Title:							
	Address:							
f	City:		State:		Zip Code:	:		
Ī	Phone #: ( ) -		Fax #: ( ) -		Email Ad	dress:		
	Does the applicant or any of it license? <b>Yes No</b> 1			Lending, or Servicing busi es of activity, and business				
ECT	ION 4 – MORTGAGE LEND	DER/ BROKER A	ACTIVITY REPORT					
	Type of mortgage activity to be conducted by the applicant: (Check all that apply)							
		Current Year: 200 t		Prior Year: 200 (If appl	 licable)	Two Years Previous: 200(If applicabl		
ſ	Aggregate total of District of	ф		ф		ф.		
F	Columbia loans made:	\$		\$		\$		
F	NUMBER Aggregate total of District of	#						
	Columbia mortgage loans brokered:	\$		\$		\$		
	NUMBER	#						
	Aggregate total of District of Columbia mortgage loans serviced, not made:	\$		\$		\$		
F	NUMBER			φ		Ψ		
		I II						
PPT		# KNOWLEDGEN	ENT AND SIGNAT	URE OF APPLICANT				
PPI	ICATION AFFIDAVIT, ACK NOTE: If a corporation/LLC, F	KNOWLEDGEM	· · · · · · · · · · · · · · · · · · ·		st sign; if sole	e proprietorship, owner must sign.		
PPL	ICATION AFFIDAVIT, ACE  NOTE: If a corporation/LLC, F  "I/WE HEREBY SWEAR AND CORRECT AND COMPLETE FOR WHICH THE APPLICANT ALL EMPLOYEES OF THE AF HEREAFTER. IT IS THE PURI SECURITIES AND BANKING, HEREIN AND ANY FALSE ST. BE PUNISHABLE AS PROVID	President and one off AFFIRM THAT TH TO THE BEST OF IS APPLYING, H PPLICANT WILL B POSE OF THIS AF ITS OFFICIALS, A ATEMENT OR ON IED BY LAW, AND ISE GRANTED BY	EINFORMATION CON MY/OUR KNOWLEDG AVE BEEN REVIEWEI E MADE AWARE OF S PPLICATION TO PERM AND EXAMINERS TO CONTINUE OF MATERIAL MAY RESULT IN THE THE DEPARTMENT OF	ership, at least two partners must NTAINED HEREIN AND ATT SE. FURTHER, THE PROVI D BY THE PRINCIPALS OF SUCH LAWS AND REGULA' MIT THE DISTRICT OF COL GRANT A LICENSE TO ENG L INFORMATION IN CONNI E DENIAL OF THE LICENSE	FACHMENT SIONS OF THE APPLI TIONS AND UMBIA DEF GAGE IN TH ECTION WI E APPLICAT	S HERETO ARE TRUE THE DISTRICT OF COLUMBIA ICANT AS LISTED HEREIN AND ICHANGES ENACTED PARTMENT OF INSURANCE, IE BUSINESS INDICATED TH THIS APPLICATION SHALL		
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